

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036785

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 83

FILED OCT 9 1963

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b Years	c. CITY OR TOWN Lexington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Lexington Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. 1
3. NAME OF DECEASED (Type or print) First Middle Last ARVID SODERHOLM		4. DATE OF DEATH Month Day Year September 28 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 13, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Self.	9. AGE (last birthday) 79
11a. BIRTHPLACE (City and state or country) Sweden		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Linas Soderholm		13b. MOTHER'S MAIDEN NAME Hedda Pearson	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Wm Gray Lexington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CNS depression Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebrovascular occlusion DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Two weeks Two weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) artery		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-14-63 to 9-28-63 and last saw her alive on 9-28-63 Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Signature or title) M.D. Lexington, Mo.	
22b. ADDRESS		22c. DATE SIGNED 9-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-1-63	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	23d. LOCATION (City, town, or county) Lexington, Mo.
24. FUNERAL DIRECTOR Vaughn-Walker Lexington, Mo.		25. DATE RECD. BY LOCAL REG. 10-1-63	
26. REGISTRAR'S SIGNATURE			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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20542

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Burial permit issued 10-1-63
M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.